

2582

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		STATE FILE NO. <u>96</u>
1. PLACE OF DEATH		BUREAU OF VITAL STATISTICS		REGISTERED NO. <u>118</u>
COUNTY <u>Graham</u>	STATE <u>ARIZONA</u>			
TOWNSHIP _____	OR VILLAGE _____			
CITY <u>Safford</u>	NO. _____ ST. _____ WARD _____			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.		
2. FULL NAME <u>Deborah Nuttall</u>		HOW LONG IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.		
(A) RESIDENCE: NO. _____ ST. _____ WARD _____		(IF DECEASED GIVE CITY OR TOWN AND STATE)		
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>None</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 25-39</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Infant</u>			
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Infant</u>			
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Safford</u>				
FATHER	13. NAME <u>Deborah Floyd Nuttall</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Memphis</u>			
MOTHER	15. MAIDEN NAME <u>Ellen Brown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Day Spgs</u>			
17. INFORMANT <u>Wm. W. C. ...</u> (ADDRESS) <u>Safford, Ariz.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Safford, Ariz.</u> DATE <u>11/25/39</u>				
19. EMBALMER { LICENSE NO. _____ SIGNATURE <u>J. H. Nuttall</u> FUNERAL DIRECTOR ADDRESS <u>Box 9, 39 Safford, Ariz.</u>				
20. FILED <u>Dec 9, 39</u> REGISTRAR <u>J. H. Nuttall</u>				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 25 1939</u>				
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>On Nov 25 only</u> , 19 <u>39</u>				
LAST SAW <u>him</u> ALIVE ON <u>Nov 25 1939</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8:00 a.m.</u>				
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Premature Infant</u>				
DATE OF ONSET _____				
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____				
NAME OF OPERATION _____ DATE OF _____				
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____				
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 <u>39</u>				
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)				
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____				
MANNER OF INJURY _____				
NATURE OF INJURY _____				
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____				
IF SO, SPECIFY _____				
(SIGNED) <u>J. H. Nuttall</u> M. P. _____				
(ADDRESS) <u>Safford, Ariz.</u>				
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION				